

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5345PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/04/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE MINDERS HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 MILL ST STE 205A</b> <b>RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>Surveyor: 22048 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on August 4, 2009 and finalized on September 4, 2009, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies.</p> <p>Complaint #NV00022599 was substantiated with deficiencies cited.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Five client records were reviewed. Three personnel records were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000		
P 510 SS=D	<p>Section 23.1 Prohibited Services</p> <p>Sec. 23. 1. The administrator of an agency shall ensure that each attendant working for the agency is working within his scope of service and conducts himself in a professional manner. An attendant is prohibited from providing any of the services listed in subsection 2 to a client.</p> <p>2. The services an attendant must not provide to a client include, without limitation: (a) Insertion or irrigation of a catheter; (b) Irrigation of any body cavity, including, without limitation, irrigation of the ear, insertion of an enema or a vaginal douche;</p>	P 510		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 510	<p>Continued From page 1</p> <p>(c) Application of a dressing involving prescription medication or aseptic techniques, including, without limitation, the treatment of moderate or severe conditions of the skin;</p> <p>(d) Administration of injections of fluids into veins, muscles or the skin;</p> <p>(e) Administration of medication, including, without limitation, the insertion of rectal suppositories, the application of a prescribed topical lotion for the skin and the administration of drops in the eyes;</p> <p>(f) Performing physical assessments;</p> <p>(g) Monitoring vital signs;</p> <p>(h) Using specialized feeding techniques;</p> <p>(i) Performing a digital rectal examination;</p> <p>(j) Trimming or cutting toenails;</p> <p>(k) Massage;</p> <p>(l) Providing specialized services to increase the range of motion of a client;</p> <p>(m) Providing medical case management, including, without limitation, accompanying a client to the office of a physician to provide medical information to the physician concerning the client or to receive medical information from the physician concerning the client; and</p> <p>(n) Any task identified in chapter 632 of NRS and the regulations adopted by the State Board of Nursing as requiring skilled nursing care, including, without limitation, any services that are within the scope and practice of a certified nursing assistant.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 22048 Based on record review and staff interview, the agency failed to prevent personal care attendants from performing services that require licensure in the state of Nevada as a nurse as specified in NRS 632.</p>	P 510			

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P 510	<p>Continued From page 2</p> <p>1. Review of Client #3's record revealed instructions for performing fingerstick testing on client by personal care attendants assigned to the client's care.</p> <p>2. Interview of the administrator on 8/04/09 in the AM, revealed that he had instructed the personal care attendants to provide fingerstick testing to the client.</p> <p>Scope: 1 Severity: 2</p>	P 510			

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